

27^o INTERNAL TRANSFER REQU

In blue ink areas

R.S.N.

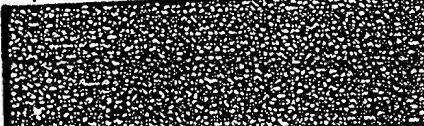
07/891,030

DATE: <u>11/07/01</u>	FROM: <u>Nic Corsore (2684)</u> (print name)
REASON(S):	
A. You had Parent <input type="checkbox"/> (check box)	
B. See Title <input type="checkbox"/> (check box)	
C. See Abstract <input type="checkbox"/> (check box)	
D. See Claim(s): <input type="checkbox"/> (check box)	
FORWARD TO:	
A. Art Unit: <u>2641</u>	
B. Class: <u>704</u>	
C Subclass: <u></u>	

FURTHER EXPLANATION IF NEEDED:
Speech Recognition no wireless (455)

DATE: _____	FROM: _____ (print name)
REASON(S):	
A. You had Parent <input type="checkbox"/> (check box)	
B. See Title <input type="checkbox"/> (check box)	
C. See Abstract <input type="checkbox"/> (check box)	
D. See Claim(s): <input type="checkbox"/> (check box)	
FORWARD TO:	
A. Art Unit: _____	
B. Class: _____	
C Subclass: _____	

FURTHER EXPLANATION IF NEEDED:

DATE: _____	FROM: _____ (print name)
REASON(S):	
A. You had Parent <input type="checkbox"/> (check box)	
B. See Title <input type="checkbox"/> (check box)	
C. See Abstract <input type="checkbox"/> (check box)	
D. See Claim(s): <input type="checkbox"/> (check box)	
FORWARD TO CLASSIFIER	
	

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
REASON(S):	
A. You had Parent <input type="checkbox"/> (check box)	
B. See Title <input type="checkbox"/> (check box)	
C. See Abstract <input type="checkbox"/> (check box)	
D. See Claim(s): <input type="checkbox"/> (check box)	
FORWARD TO:	
A. Art Unit: _____	
B. Class: _____	
C Subclass: _____	

FURTHER EXPLANATION IF NEEDED: